U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only L26205 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
E QMS DROP	
1. File Number U - 951	2. Fiscal Year Covered From:
11306	04/10/2005 Through: 07/15/2005
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Cynthia D Quinton	Name United Steel Vorkers (USW)
	Labor Organization File Number 957 0490449
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any $ hobbox{1.6}$
Street 37 West Gastreet	Street POBW 68
city Morgantown	city Morgantown
State W/6 ZIP Code + 4 2660 I	State Wa ZIP Code + 4 2 (507-1) (8
5. Position in labor organization. To TURGE COMMITTEE	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	aurenos de la companya del companya de la companya della companya
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	MATERIAL STATES
City 1	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
1. N. S. W. 6. 418/15 2011-201-41110	

Date

Telephone Number